

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Mentzer Media Services</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 600 Fairmount Ave Ste 306			Amount 323750.00		
City State Zip Code Towson MD 21286		Transaction ID : SE1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016			
Purpose of Expenditure TV/Media Placement		Category/ Type			
Name of Federal Candidate Kander, Jason, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Arena Online</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 1780 Sequoia Vista Circle			Amount 155000.00		
City State Zip Code Salt Lake City UT 84104		Transaction ID : SE2 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016			
Purpose of Expenditure Online Advertising		Category/ Type			
Name of Federal Candidate Kander, Jason, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			478750.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 11 / 02 / 2016		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Richard Sales Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2016</b>		
Mailing Address 1702 E Highland Ave Suite 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE3		
Purpose of Expenditure Web Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2016</b>		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>		
Calendar Year-To-Date Per Election for Office Sought		10776470.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	480750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature